

SCC eFile	2013 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	213512810			
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: PARTNER FOR SURGERY, INC.</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: FRANK PETERSON 6804 MELROSE DR MCLEAN, VA 22101</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: FAIRFAX COUNTY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: VA</p> </div> <div style="width: 35%;"> <p>DUE DATE: 5/31/2013</p> <p>SCC ID NO: 05583232</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	
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<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: 6804 MELROSE DRIVE</p> <p style="text-align: center;">CITY/ST/ZIP: MCLEAN, VA 22101-0388</p>					
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: FRANK B PETERSON TITLE: PRESIDENT ADDRESS: 6804 MELROSE DRIVE CITY/ST/ZIP/CO: MCLEAN, VA 22101 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 35%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: FRANK B PETERSON TITLE: PRESIDENT ADDRESS: 6804 MELROSE DRIVE CITY/ST/ZIP/CO: MCLEAN, VA 22101	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GEORGE EVANS DIRECTOR 24870 SWAN RD ST MICHAELS, MD 21663-2320	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOSEPH GIORDANO DIRECTOR 4814 SEDGWICK ST NW WASHINGTON, DC 20016	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT L HAHNE DIRECTOR 2020 HILLSIDE DRIVE FALLS CHURCH, VA 22043	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARYBETH HANELINE DIRECTOR 1654 WILD PINE WAY RESTON, VA 20194-5600	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TODD M PETERSON DIRECTOR 10302 GRANITE CREEK LANE OAKTON, VA 22124	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PATRICA VAN SCOYOC DIRECTOR 131 YARNICK RD GREAT FALLS, VA 22066-3525	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	FRANCISCO VILLEGAN DE LEON DIRECTOR 2839 WOODLAND DR. NW WASHINGTON, DC 20008-2743	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARK WEISCHEDEL DIRECTOR 1408 HIDDEN HILL LN VIENNA, VA 22182-1766	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ FRANK B PETERSON SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	FRANK B PETERSON, PRESIDENT PRINTED NAME AND CORPORATE TITLE	3/14/2013 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			